



TEAM ROSTER FORM



TEAM NAME _____ LEAGUE/DIVISION _____

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at the 10th Street Sports Center understand that he/she/I in attending any 10th Street Sport Center program and using the facilities does so at his/her/my own risk. The 10th Street Sports Center and its owners, employees and agents, shall not be liable for any damage whatsoever arising from personal injury or property loss sustained by participant and his/her/my family in or about any program on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any program and he/she/I do or does hereby fully and forever realize, discharge and hold harmless the 10th Street Sports Center, all associated facilities and its owners, employees, and agents from any and all claims, demands, damages, rights of actions, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by the 10th Street Sports Center. He/she/I understand(s) that failure to do so may result in suspension from participation. **CONSENT:** I, the undersigned parent of/guardian of/participant do hereby grant authority to the staff of the 10th Street Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize the 10th Street Sports Center and its assigns to utilize any and all photographs, pictures, or other likeness of me, as they deem appropriate in its promotional material..

PRINT NAME

SIGNATURE

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